N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDIN WITH UNFADING INK--THIS IS A PERMA MARGIN RESERVED FOR WRITE PLA

V. S. No. 1

PLACE OF DEATH	05779 STATE OF MARYLAND
County	CERTIFICATE OF DEATH
Ba, T-	Registration Dist. No.
Village or City / Poulow (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Jellier Eliza	both Sada tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH - BM 19 1862	17 HEREBY CERTIFY, That I attended the deceased from 1927 to 9, 1927,
7 AGE (Month) (Day) (Year)	and that dath occurred on the date stated above, at 3 m.
1 dayhrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	the state of the s
(a) Trade, profession or particular kind of work	my tunc sugges
(b) General nature of industry	Carried Henry
business, or establishment in which employed or (employer) Haces to the	(Durstion) re. mos da.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF PLAT & TTOTTER	(Signed) M. D.
U DI BIRTHPLACE OF FATHER	(Address) Del Carlos Del
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Harrist Quelman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) London Eucland	At place In the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) mm Viviae. Toboto	Former or usual gesidence
-2-D-0 RCs	19 FLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Melly Kert of 5 22, 19 5%.
Filed 5/2/ 193/ Cally About	Aucel & Ayon medos/Ma
If mora bianks are neaded, address Stata Registrar	, 16 W. Saratoga St., Balto., Requasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Vom-laborer, Farm laborer, Laborer—Caal mine, etc. Womshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, ar At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis af lungs, mentelanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as by Committee on Chronic ," etc., when a definite disease etc. The contributory valvular heart disease; Nomenclature

If this mailinete is abalance coverather oughly and a'l questions answered a detail it will proyect further correspondence. All the data is escaled and onto be obtained before the certificate is permanenly filed.

BUREAU 2 1931

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in St: .... Ward) a hospital or institucla tion, give its NAME in-stead of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, Q on back WIDOWED (Day) o may OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from .... , 192...., to..... , 192...., 192.... that Instructions that I last saw h ...... alive on ...... 192...., (Month) (Day) 7 AGE If LESS than 00 1 day .... hrs. terms .yrs.....ds. or.....min. ? 99 8 OCCUPATION RESERVED (a) Trade, profession or particular kind of work ... plal important. (b) General nature of industry UNFADING business, or establishment in 2 which employed or (employer) 9 BIRTHPLACE (State or country very le! 10 NAME OF FATHER ENTS H BIRTHPLACE 出之 Violent Causes, state (1) Means of Injury; and (2) whe Accidental, Suicidal or Homicidal. \*State the Disease Causin Death OF FATHER OAUS œ 12 MAIDEN NAME UPA 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate 1 ients, or Recent Residents) occi 13 BIRTHPLACE In the At place OF MOTHER State, ..... yrs. .... mos. .... of death .... yrs.....mos.....da. (State or country pinous Where was disease contracted, statement of if not at place of death?..... 14 THE ABOVE IS Former or usual residence. (Informant (1) TE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL Every CIAN: 20 UNDERTAKER ADDRESS W. Saratoga St., Balto., Requesting V. If more blanks are needed, address State Registrar, 16

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative healthployed, as .11 school or .11 Lome Care should be taken definite : alary), may be entered a household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery, Civil engineer, Stationery firemen, etc. But Physician, Compositor, Architect, Locomotive engineer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in Comestic service for wages, as Servant, Cook to report specifically the occupations of person enwork, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on -Coal minc, etc. Wom-Housewife, House-The material

Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,") Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopncumonia stated unless important. Example: Meastes Chronic interstitial acphritis, etc. The contributory use of "Tumor" for malignant neoplasms); ......(name origin; "Cancer" is less definite; avoid ingen peritonacum, etc., Carcinoma, Surcoma, etc., of unqualifed, is indefinite); Tuberculosis of lungs, men Examples: .: ccidental drowning; Struck as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "Puerperal seplicaemia," "Puerperal peritoritis," diseases resulting from childbirth or miscarriage as "Dropsy," "Exhaustion," "Heart failure," "Haemor vulsions," Namenclature of the American Medical Association.) Poisoned by carbolic a id-probably suicide. The natrain-accident; Revolver wound of head-homicide; "Uracmia," "Weaknes: " etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; of the injury, as fracture of skull, and conseof cause of death approved by Committee on FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on state-"Coma," "Conby railway Measles; (merely (second-(disease

If this certificate is 10 'ed over thoroughly and all queetions answered in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is rermanently filed.

V. S. No. 1

_		
M	)	ract
		supplied. ACE should be stated EXACTLY, PHYSI-n terms so that it may be properly classified. Exact
		LY,
	RD	ass
	KTHIS IS A PERMA NT CORD	EXA Iy cl
		ted
	LZ	sta pro
NG		be pe
RVED FOR BINDING	RW.	buid
BIN	PEI	sho It I
Œ	K	CE
F	IS	So S
Ω	HIS	ms
ш	-	D .
>	1	T te

M = 0 = 0.	PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. /0 8
SEX 4 COLOR OR RACE BINGLE WARRINGD, WIDOWED, OR DIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)  (Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That Lattended the decessed from lay, hrs. did, or min.?  6 OCCUPATION (a) Trade, profession or farticular kind of work  (b) Ceneral nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF PATHER OF JOHN (Signed) (Durstion) (Durst	50'80 4	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
MARRED WIDOWEDCED (Write the word)  6 DATE OF BIRTH  The profession of first and that death occurred on the date stated above, at mo	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Month) (Day)  (Year)  7 AGE    If LESS than I day hrs.   Silve on   Silve on	MARRIED, WIDOWED, OR DIVORCED	- Mag / U, 1927
I day hrs.   I d	may 10, 911	May 15 1901. 10 allay 15, 1927
S OCCUPATION (a) Trade, profession or farticular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  15 Filed  15 Filed  17 June 192  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents)  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents)  19 PLACE OF SURIAL OR REMOVAL  State  ON DOTRES  ON DOTR	7 AGE   If LESS than	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or farticular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  15 Filed  15 Filed  15 Filed  17 Tade, profession or farticular kind of work (b) General nature of industry  (Countributory Secondary  (Durstion)  (Durstion)  (Durstion)  (Durstion)  (Durstion)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Address		The CAUSE OF DEATH * wes as follows:
which employed or (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  TO PATHER  OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  Contributory  Secondary  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Signed)  (Address)  (	8 OCCUPATION (a) Trade, profession or farticular kind of work (b) General nature of industry	Gelevanon T 13
10 NAME OF FATHER   3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	which employed or (employer)	Contributory Releases 7/3 Secondary 8
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  Clear  (Address)  Clear  *State the Disease Causing Death, fr. in deaths from Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF SURIAL OR REMOVAL  Appress  Appress  Appress  Appress  Appress  Appress  Appress  Appress	FATHER Jas Jord	(Signed) Thapley M. D.
OF MOTHER  OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  Clare of Mother  (Address)  15 Filed  17 The Above Is True To The Best OF MY KNOWLEDGE  (Address)  Clare of Mother  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Sold of Mother was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Sold of Mother was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Sold of Mother was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Sold of Mother was disease contracted, if not at place of death?  Sold of Mother was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Appress  Appress  Appress  Appress	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  Collaboration  (Address)  Filed  15 Filed  19 Lace Of BURIAL OR REMOVAL  Appress  Registrar  Registrar  Registrar  Registrar  Registrar	of MOTHER MOUGHS NISSE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
(Informant)  (Informant)  (Address)  (Addres	13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds,
(Informant) A Trufuld usual residence.  (Address) Claleolus Md Splace OF BURIAL OR REMOVAL DATE OF BURIAL OR SURVEY Splace OF BURIAL OR REMOVAL SPLACE OF BURIAL OR REMOVA	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) Claleolin mid 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL S/8, 1937  15 Filed 5/15/31, 192 (era Chiphelin Bedrus Freuers Operace ma	(Informant) A T Freefuld	
Filed 5/15/31 192 leva hafebelith Bledrew Lowers agerores mo	1300-0-01 50-1	1/0/00- 01 5/16 31
	Filed 5/15/31 192 Era Chafeler Registrar	Oledris Frieuro Ogerorco ma

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). whatever, write Nonc. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Wom-(6) Grocery; T.C.

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respectto time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) Chronic interstitial nephritis, approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory affection need valvular heart Always qualify all not be disease;

If this certificate is looked over thoroughly and a'l questions apswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

E

11 - 60	and the second s	115.7.8.2
1 200 1	PLACE OF DEATH	STATE OF MARYLAND
Exac Exac	Charles	CERTIFICATE OF DEATH
, ∀	County	Registration Dist. No. 105
CORD ed EXACTLerly classificate.	Village or City Maldely (No. 2 FULL NAME English C)	St.; Ward) a hospital or institution, give its NAME instead of street and number.)
NT	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RMANE uid be a back of	3 SEX  4 COLOR OR RACE   5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	Month (Day), 193/
BINDING IS A PERM ACE should that it may	6 DATE OF BIRTH	HEREBY CERTIFY. That I attended the deceased from
S A AGE that	Sefot 18, 1854	that I last saw he alive on Mark 9 , 192 3
S IS IS	7 AGE (Month) (Day) (Year)	and that death occurred on the data stated above, at
THI THIS	767 d n I dayhrs.	The CAUSE OF DEATH & was as follows:
dup de la constante de la cons	*** OCCUPATION	alien Salizan
Taly IN	particular kind of work.	
K (7 25 E	(b) General nature of industry business, or establishment in	(Duration) yrs mos d
FADIN( TH In Importa	which employed or (employer)	Contributory Duo do mum Elce
FAI PATH	(State or country)	Secondary
H UNI	10 NAME OF FATHER	(Signed) J. (Duratjon)yremosd
She Sh	11 BIRTHPLACE	May 9. 1923/(Address) Nalker
Tion No.	(State or country)	State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homleidal.
r ma	of MOTHER CIEVLEN ( Hille )	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
PLA Y Information of Information	13 BIRTHPLACE OF MOTHER MOTHER	lents, or Recent Residents)  At place In the of death yrs mos da. State, yrs mos de
177 0 3 6	(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
는 문유학	(Informant) Mrs Pay Mic Daniel	Former or usual residence.
WRI ry ite	neall of to	19 PLACE OF BURIAL OR REMOVAL.   D.ATE OF BURIAL
EVe CIA	(Address) fushingun w	At Paulo may 11 100
2	Filed May 9 193/ M. & Thomas 2	20 UNDERTAKER ADDRESS
ż	Registrar	Thunkt & I you I reckary
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Ceusus and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness: If retired from Whatever, write None. tired 6 yrs.). or given up on account of the disease causing death. Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekcepers who receive a en at home, who are engaged in the dutles of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firement, etc. tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation If the occupation has been changed But in many

Statement of Cause of Death—Name, first, the precase causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherid (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

ment of cause of death approved by Committee on head of "contributory." (R commendations on state-Nomenclature of the American Medical Association.) quences (e. g., sepsis, tctanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicinal, or homicidal, or Poisoned by carbolic acid-probably suicide. The na-State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" stated unless important. use of "Tumor" for malignant neoplasms); can be ascertained as the cause. "Dropsy," "Exhaustion," "Heart fallure," "Haemorary), 10 ds. unqualified, is indefinite); Tuberculosis of lungs, men vulsious," causing death), 29 ds.; Bronchopncumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease; ..... (name origin; "Cancer" Is less definite; avoid inges, peritonacum, etc., FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report more symptoms or Carcinoma, Sarcoma, etc., of Example: Mcasles Always qualify all The contributory Meastes; (merely terminal (second-(disease "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

1578 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. classified (If death occurred in ..... Ward) a hospital or institution, give its NAME in-stead of street and number.) PERSONAL AND STATIST MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE. WIDOWED (outh) (Dav) OR DIVORCED (Write the word) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH that instructions (Month) (Day) (Year) 7 AGE If LESS than I day .... hrs. mos.....ds. or .... min. 99 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer)..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER RENTS II BIRTHPLACE OF FATHER \*State the Disease Causing 10th, of, in Violent Causes, state (1) Means of Injury; and 0 (State or count Accidental, Suicidal or Homicidal. 12 MAIDEN NAM 4 OF MOTHER state (CCUF) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-0. ients, or Recent Residents) 13 BIRTHPLACE in the At place OF MOTHER State, ..... yrs..... mos..... da, of death .... yrs.....mos.....da. 0 (State or country ਰ Where was disease contracted, of 3 14 THE ABOVE if not at place of death?..... statement Former or 90 usual residence 19 PLACE OF BURIAL OR REMOVAL TATE OF BURIAL 20 UNDERTAKER ADDRESS Registrar W. Saratoga St., Balto., Requesting If more blanks are needed, address State Registrar.

(Approved by U. S. Census and American Public Health Association.)

state occupation at Leginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons work, or At Home, and children, not gainfully emdefinite alary), may be entered a Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applie, to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on without more precise specification as Day trelifect, Locomolive engineer, -Coal mine, etc. The material But in many Crocery;

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." conditions, such as "Asthenia," "Anaemia" ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-aecident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Juanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," ary), Mo ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Mcasles; ingra, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) taken. For "Uracmia," "Weaknes." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemor-Poisoned by carbolic acid-probably suicide. Examples: "PUERPERAL seplicaemic," "PUERPERAL peritonitis," vulsions," (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart ...... (name origin; "Cancer" is iess definite; avoid "Debillty" Accidental drowning; Struck by railway Never report mere symptoms or terminal VIOLENT DUATHS State MEANS ("Congenital," "Senile," etc.) (Recommendations on state-Example: Measles "Coma," OF INJURY discase; The na-(second-(disease (merely "Conetc.

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. If the data is essential and must be obtained before the certificate is rermanently filed.



BINDIN

FOR

RESERVED

MARGIN

V. S. No. 1

1	PLACE OF DEATH	STATE OF MARYLAND
	County Charles	CERTIFICATE OF DEATH
		Registration Dist. No.
	Village or City New Wayside (No	St.: Ward) (If death occurred Ir
	2FULL NAME alexander Timoleon	Jlayd ward) a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male White Single, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH  May 26, 193/  May (Month) 26, (Day) 193/(Year)
	March 10, 1847  (Month) (Day) (Year)	oct. 15 1920 to may 26 ,193/
	(Month) (Day) (Year)  7 AGE	and that death occurred on the date stated above, at // a_m
1	OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Myocardites - Cardine  Alexan pensation  (Duration) yie // mos de
	9 BIRTHPLACE (State or country) (Luly Co. Md.	Contributory Secondary  (Durstion)  VIS. (2008)
	10 NAME OF Eugene Lloyd	(Signed) alaysius C- Wilch M. D. May 26 1921 (Address) Chaptics Md
	OF FATHER (State or country)  Maryland  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER (Lattea Simporn  13 BIRTHPLACE OF MOTHER (State of Country)  Manyland	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Clarence Flago	Former or usual residence
	(Address) Waysede Maryland.	Haly Shast Cemetary may 28, 1931
	Filed 3 - 77 - 1981 P. L. History Registrar	acounteraker Chaptico Med
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 Spinner, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesworked on may form part of the second statement. Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "('Exhaustion,'" "('Heart Imme, '') "Old Age,'" "Shock," "('Inanition,'" "('Marasmus,'" "Cold Age,'" "Shock," "('Uraemia,'" "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in St.: Ward) a hospital or institution, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Month)may n bac -(Day) (Write the word) HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH (Month) (Day) (Year) and that death occured on the date stated above, AGE IIILESS than I day hrs. ESERVED termi ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry 0 business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE Z the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) AR 12 MAIDEN NAME 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER yrs.....mos. State yrs .....mos.... of death (State or country) hould of of D Where was disease contracted, if not at place of death? 14 THE ABOVE IS TRUE TO Former or ususl reside ග 19 P AL OR REMOVAL Every CIAN states If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health laborer Farm laborer, Laborer—Coal mine, etc. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Sorund, Cook, Househaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: "rechrospinal fewer (the only definite synonym is "Epidemic cerebros inal meningitis": Diphilheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobur purumonia, Bronchopmeumonia ("Pneumonia");

"Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasins); "PUERPERAL septicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptoincausing (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of 'contributory.' carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underas fracture of skull, and consequences (e. g., separs, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely American Medical Association.) "Atrophy," "Collapse," "Coma." "Convulsions, peritonacum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, death), 29 ds.; Bronchopneumonia (secondary), FOR VIOLENT DEATHS state MEANS OF INJURY (hame origin; "Cancer" is less definite; avoid or intercurrent) cough; Chronic valvalur heart Carcinoma, etc. The affection Sarcoma,, etc., of need contributory disense Meusles not be

\*II this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, y classified Registration Dist. No. St :..... Ward) (If death occurred in a hospital or institution, give its NAME in-stead of street and number.) properi PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEEV 4 COLOR OR RACE | 5 SINGLE, 16 DATE OF DEATH WIDOWED OR DIVORCED (Write the word) 17 I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH 14 Catt 1981 to 18664 ction (Day) (Year) and that death occurred on the date stated above, at 7-10. Ca. m. 7 AGE If LESS than I day .... hrs. 00 8 OCCUPATION (a) Trade, profession or piai (b) General nature of industry business, or establishment in which employed or (employer)..... 9 BIRTHPLACE Contributory Secondary (State or country) (Duration) ..... Tyrs. ..... mos.... NAME OF FATHER II BIRTHPLACE 4 666. 11.1931. (Address) ( Tech Cacci ENT OF FATHER State the Disease Causing Death, or, in deaths from (State or country Violent Causes, state (1) Means of Injury; and (2) whether 00 12 MAIDEN NAME Accidental, Sulcidal or Homicidal. 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) OF MOTHER (State or country) At place In the 00 Where was disease contracted. 14 THE ABOVE IS TRUE if not at place of death? usual residence. Every it CIANS Statement 19 PLAGE OF BURIAL OR REMOVAL TATE OF BURIAL 20 UNDERTAKER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the disease causing death Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook ployed, as At schoot or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeeper's who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Yoreman," "Manager," "Deal-Spinner, (b) Cotton mitt; (a) Satesman, (b) Grocery; additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, to report specifically the occupations of persons enworked on may form part of the second statement. (a) Foreman. (b) Automobile factory. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary Aremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applie, to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-The material

state occ...
business, that the tired 6 yrs.). For persectived 6 yrs.). For persectived 6 yrs.). For persection with respection with respect to time and causation), using always the same accepted terer (the only definite synonym is "Epidemic cerebro-copingitis"); Diphtheria (avoid use of "Croup"); "hopeumonia ("Pneumonia")

head of "contributory." diseases resulting from childbirth or miscarriage as conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symmetres or terminal Namenclature of the American Medical Association.) ment of cause of death approved by Committee of quences ture of the injury, as fracture of skull, and conse-Poisoned by carbal's acid-probably suicide. The natrain-accident: Revoters wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "Puerperal septiment of Puerperal peritonitis," etc. can be ascertained at the cause. "Uraemia," "Weekm's ." etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion." "Heart vulsions," "Debility" ("Congenital," "Senile," etc.), symptomatic), "Atrophy." "Collapse," "Coma," "Concausing death), 29 ds.: Broncho; neumonia stated unless important. Chronic interstition nephritis, etc. The contributory use of "Tunor" for malignant neoplasms); Mcastes; ..... (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of nuqualified, is indefinite); Tuberculosis of lungs, men Whooping cough: Chronic valentar heart discase; (secondary or intercurrent) affection need FOR VIOLENC D. ATHS STATE MEANS OF INJURY (e. g., sepsis, telanus) may be stated under the Accidental drowning; Struck by railway (Recommendations on state Example Meneles Always qualify all failure." "Haemor-(secondidisease (merely not be

If this certificate is to ked over thoroughly and all questions answered in "c all, it will prevent further correspondence." All the data is essential and must be obtained before the certificate is permanently filed.

. S. No. 1

B. ..

4

	45787
PLACE OF DEATH	STATE OF MARYLAND
County Charles	CERTIFICATE OF DEATH
0	Registration Dist. No. 10/102
Village or City Ornicolts (No.	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2FULL NAME ( Mary. Moi	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Black Single, MARRIED, Married, OR DIVORCED (Write the word)	16 DATE OF DEATH May 14, 1931.  (Month) (Day) (Year)
6 DATE OF BIRTH  Underween , 1875  (Month) (Day) (Year)	that I last saw h evalue on Chart 1931,
7 AGE   If LESS than I day hrs. mos. ds. or min.?	and that death occurred on the date stated above, at 2 m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or Housenfe	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos, ds,
9 BIRTHPLACE (State or country) Charles Co. 2nd.	Contributory Secondary  ((Duysion)
10 NAME OF Polit Johnson.	(Signed) Sec. C. Bickwell, M.D. May 14,1931. (Address) Warlung Ond
OF FATHER (State or country) Charle Co. Md.	State the Disease Causing Death, or, p deaths from Visient Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Onn Jordan.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Charles Ce. 2nd.	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) July Prison Md.	Place of Burial or REMOVAL DATE OF BURIAL PROPERTY 19 31
Filed May 13- 1921 14 Southerland Registrar	Jas - Carry - Masur Spring &
If more blanks are needed, address State Registrat	, & W. Saratoga St., Batte., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter whatever, write Nonc. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., Spinner, (b) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, without more precise specification as Day Cotton mill; (a) Salesman, (b), (b) Automobile factory. The For persons who have no occupation Laborer-Coal mine, etc. not gainfully em-The quesmateria Grocery, Wom-

Statement of Cause of Death—Name, first, the pissease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved "Inanition," "Marasmus,
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonihis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of tctanus) may be stated under the head of "contributory." causing death), 29 ds.; L. Never report mere symptoms or terminal condiperitonaeum, etc., Carcinoma, Sarcoma, etc., of . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY by cough; Committee on Nomenclature Chronic chopneumonia (secondary), etc. The contributory valvular heart disease; need not be

If this certificate is looked over theroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

PLACE OF DEATH  County  Willage or City  Ward  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  A COLOR OR RACE SINGLE  MARRIED  OR DUNORGE  (Winto the word)  (Wonth)  (Day)  (Wonth)  (Day)  (Wonth)  (Day)  (Wonth)  (Wonth			. 05,788		,
Registration Dist. No. 68  St: Ward) a hospital or institution, give its NAME in transport of street an expectation of extreet an extreet of extreet an expectation of extreet an extreet an expectation of extreet an expectation		PLACE OF DEATH		ATE OF N	MARYLAND
Village or City Addison St. Ward) (if death occurred is a hospital or insulted to the stand of street and a hospital or insulted to the stand of street and		County Market	CER CER	TIFICATE	OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  WINDOWSD OR DIVORCE OR DIN			40	Registration D	ist. No. 168
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  MARRIEDD. WIDOWED. OR DIVIDED. WITHOUT OF DEATH  OR DIVORCED (Write the word)  MULL  6 DATE OF BIRTH  7 AGE  IFLESS than I day has been been been been been been been bee	Vi	10		Ward)	tion, give its NAME in stead of street an
3 SEX  4 COLOR OR RACE  MARRIED MARRIED WIDOWED WIDOWED WITOWED OF DATE OF BIRTH  15 July (Month) (Day)  16 July (Year)  17 J HEREBY CERTIFY, That I attended the deceased from July 192/ that I last saw haralive on Addition of 192/ that I last saw haralive on Addition of 192/ that I last saw haralive on Addition of 192/ and that death occurred on the date stated above, at July mind that death occurred on the dates that dates occurred on the dates that dates occurred on the dates occurred	=		1	PTIFICATE	E DEATH
MARIED WINDOWSDEED (Write the word)  DATE OF BIRTH  TO AGE  (Month) (Day) (Year)  (Month) (Day) (Year)  TAGE  (Month) (Day) (Year)  (Month) (Day) (Year)  TO AGE  (Iday hrs. or min.)  DATE OF DEATH was as follows:  That I list saw h Analysive on the date stated above, at I list saw has a follows:  The CAUSE OF DEATH was as follows:  The CAUSE OF DEATH was as follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the date stated above, at I list saw has a follows:  The CAUSE OF DEATH or many and the many and the date stated above, at I list saw	3			RIFICATE	FUEATH
S DATE OF BIRTH    Solution   Contributory   Contri		MARRIED, WIDOWED, OR DIVORCED ALL	16 DATE OF DEATH	-	
(Month) (Day) (Year)  (RESS than law hrs. law has a follows:  The CAUSE OF DEATH * was a follows:  (Signed) (Durstion) (D	-			(Month)	(Day) (Year)
That I last saw handlive on a that I last saw handlive on a last saw handlive on last saw handlive on a last saw handlive on a last saw handlive on last saw han	6	DATE OF BIRTH	THEREBY CERTI		
and that death occurred on the date stated above, at Date on min, and that death occurred on the date stated above, at Date on min, and that death occurred on the date stated above, at Date on min, and that death occurred on the date stated above, at Date on min, and that death occurred on the date stated above, at Date on min, and that death occurred on the date stated above, at Date on min, and that death occurred on the date stated above, at Date on min, and that death occurred on the date stated above, at Date on min, and that death occurred on the date stated above, at Date on min, and that death occurred on the date stated above, at Date on min, and that death occurred on the date stated above, at Date on min, and that death occurred on the date stated above, at Date of pattern min, and that death occurred on the date stated above, at Date of pattern min, and that death occurred on the date stated above, at Date of pattern min, and that death occurred on the date stated above, at Date of pattern min, and that death occurred on the date stated above, at Date of pattern min, and that death occurred on the date stated above, at Date of pattern min, and that death occurred on the date stated above, at Date of pattern min, and that death occurred on the date of close and the cause of the CAUSE OF DEATH and the		(Month) (Day) (Year)	that I just sow howarding	-11	799- 31
The CAUSE OF DEATH ** was as follows:  The CAUSE OF DEATH	7				5.4 1
OCCUPATION  (a) Trade, profession or paticular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  Display the profession or paticular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  Display the profession or paticular kind of work  (Signed)  (Si		I day hrs.			bove, at Mm
(Signed)  Description of Mother Contributory  Secondary  Contributory Secondar		a) Trade, profession or	FAS FINC	Chriline	viii
business, or establishment in which employed or (employer)  BERTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Addr			* *************************************	~~~~~	······································
S BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF GOT MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Addres		ousiness, or establishment in	\	(Duration)	yrs. 10 mos. de
11 BIRTHPLACE OF FATHER (Stato or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)  (Informant)  (Address)  (Address)  (Informant)  (Info	(-)	BIRTHPLACE		0.0000000000000000000000000000000000000	P
State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed  (Address)  11 BIRTHPLACE OF MOTHER  (State or country)  12 MAIDEN NAME OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (	-	10 NAME OF	nn,	(Duration)	ds
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (A		M. M. Malers	1-	Jun	M. D
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Ad	S		T-		
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Ad	Z		Violent Causes, state (1)	Means of Inju	or, in deaths from ry and (2) Whether
13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Ad	AR		18 LENGTH OF RESIDENCE	E (For Hospita	ls, Institutions, Trans
(Informant)  Madeur Waler  (Informant)  (Address)  Filed  (State or Country)  of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  May # 192  20 UNDERTAKER  ADDRESS  Aguard Turk  Apparent Turk	-				
(Informant)  (Informant)  (Informant)  (Address)  (Addr		. /////	of deathyrsmos	de. State.	yrsmosde
(Informant) Madeus Walles  (Address) Milling That  (Address) I Milling That  (Address) I 192 Ela Chaples Registrar  (Address) I 192 Ela Chaples Registrar  (Address) I 192 Ela Chaples Registrar  (Address) I 192 Ela Chaples I I I I I I I I I I I I I I I I I I I	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	·	**************************************
(Address) Milling Tell Bryantown Ind May 4, 192/ 15 Filed Sf 4 /3 / 192 Eda Stafflown And Survey Appendix Myranes Tell		(Informant) hadeus waters	usual residence		************************************
Filed J 4 1 192 Ela Stafflage 20 UNDERTAKER ADDRESS Registrar J. J. Sunces Turk		(Address) Malding Zud	In PLACE OF BURIAL OR RE	Tank :	120 4 Th 71
The first of the second	15	Filed J/4/31 192 Ela Chaptelaser	20 UNDERTAKER	11	77
	B		16 W. Saratoga St., Balto	equesting V. S	Do. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescup tion is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that faet may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6) Grocery;

Streement of Cause of Death—Name, first, the Disease Gausing death (the primary affection with respect to time and causation), using always the same accepted form for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia,");

and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. diseases resulting from ehildbirth or miscarriage as 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Chronic interstitial nephritis, approved by Committee on Nomenclature as fracture of skull, and eonsequences (e.g., sepsis, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the eause. "Inanition," "Marasmus, VIII 1885" When a definite disease "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; ..... (name origin; "Cancer" is less definite; avoid Recommendations on statement of eause of American Medical Association.) peritonaeum, etc., Carcinoma, Sarcoma, etc., of or intercurrent) affection need (disease important. Example: Measles (disease " "Marasmus," "Old Age," "Shock, Chronic valvular etc. The contributory Always qualify all heart disease;

It this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	9	LY PHYSICIANS Exact statement of
(	RECO	EXACTLY Sified Exa
S NON S	A PERMANENT	E should be stated EXACTLY ay be properly classified Exa
12	S	Li 85

PLACE OF DEATH	STATE OF MARYLAND
County Charles.	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Deutwille (No	St.; Ward)  [If death occurred in a hospitel or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wall . Color OR RACE SHINGT MARRIDO, WISOWED OR DIVENSED OR DIVENSED OR DIVENSED OR DIVENSED OR DIVENSED OR DIVENSED OR DIVENSE DE WORD OR DIVENSE	16 DATE OF DEATH  May (Month) (Day) (Year)
6 DATE OF BIRTH  (Morro) (Day) , 1 9	17 I HEREBY CERTIFY. That I attended deceased fro
TAGE  If LESS  1 day, OR 0  Ca) Trade, profession, or particular kind of work  1 day, OR 0  1 day, OR 0	Ars.
(b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Charles Co.	Contributory Secondary
10 NAME OF FATHER James William Walson  11 BIRTHPLACE OF FATHER  (State or country) Charles Co Me  12 MAIDEN NAME	Signed)  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Corolling Lee.  13 BIRTHPLACE OF MOTHER (State or country) Clarke Corolling)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN SERVICE OF MARKET STATES OF STATES
(informant) Complete Company Knowledge	Where was disease contracted, if not at place of death?  Former or would residence
(Address) Rents ville not 16 Filed May 8, 1873/ do illian Dross REGISTR	Lange of the state

05789

Approved by U. S. Census and American Public Health

mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH engaged in domestic service for wages, as Serront, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the honsehold only (not paid Housekeepers precise specification as Day laborer. Form loborer, Laborer of the second statement. Never return "Laborer." mill; (a) Salesman. (b) ' recery; (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter. Physiapplies to each and every person, irrespective of age. Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Peaker selv is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, -f'ool mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or of various pursuits can be known. The question Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in At home. Care should be Locomotive engineer. If retired from without more term on the ('wil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhand fener (never report "Typhoid pneumonia," Lobar pneumonia Bronelapneumonia ("Pneumonia," nanim-nightied, is indefinite); Tuberculosis of lungs, manim-

on Nonenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. suicide. The nature of the injury, as fracture of skull SUICIDAL, OF HOMICIDAL, or as probably such, if impossible surgical operation was undertaken "PIERPERAL peritoniks," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Histonorrhage," "Inantition," "Marismus," "Old Age," "Shock," "Practoria," "Weaktorss," symptoms or terminal conditions, such as "Astheria." chopneumonia Example: Measles (disease causing death), 29 ds.; rent) affection need not be stated unless important nephriles, etc. cough, ('hronic "Tumor" for malignant neoplasms); Meastes: Wheoping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... heod-homicide; Poisoned by Struck by railway train-accident. Revolver wound of to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Amaemia" Always qualify all diseases resulting from child-"Coma," (merely symptomatic). "A tropey, (secondary), 10 ds. "Cancer" is less definite; avoid use of The contributory (secondary or intercurvaleular heart disease, Chronic interstitial g., sepsis, letanus) may be stated carbolic acid-probably Never report mere FOR VIOLENT DEATHS "Atrophy," (Recommendations ACCIDENTAL, Bron-

thus aniswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 6